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CURRENT CORRESPONDE	ree	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
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Anderson Gore 33 NAGOG PAR ACTON, MA 01	I h Sta add trar	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
				Christine	Morriss	ette	(Depositor's name)
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				Decer	nber 13	2009	(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCE	KET NO.	CONFIRMATION NO.
10/781,458 02/18/2004			Floyd Backes		160-052		1742
TITLE OF INVENTION:	: APPARATUS FOR AS	SSOCIATING ACCESS I	POINTS WITH STATION	IS IN A WIRELESS	SNETWORK		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL F	EE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1	810	12/28/2009
EXAM	INER	ART UNIT	CLASS-SUBCLASS]			
MEW, KEVIN D 2416			370-331000				
"Fee Address" indi	ondence address (or Cha l/122) attached. cation (or "Fee Address" 2 or more recent) attach	nge of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
			THE PATENT (print or ty				
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(A) NAME OF ASSIC	NEE		(B) RESIDENCE: (CITY	and STATE OR C			
Autocell	Laborato	ories, Inc.	Acton	MA	USA		
			rinted on the patent):		rporation or other	private grou	p entity Government
	re submitted: o small entity discount p	permitted)	 D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 5044/6 (enclose an extra copy of this form). 				
5. Change in Entity Stat	us (from status indicated SMALL ENTITY statu		☐ b. Applicant is no lon				
	Publication Fee (if requ	ired) will not be accepted	d from anyone other than t				
Authorized Signature	M	2. al	. Office.	Date No	vember	23	2009
Typed or printed name	Holmes	W. Ander	son	Registration No	OH	272	
submitting the completed this form and/or suggestic	application form to the ons for reducing this burning this burning this burning the 22313-1450. DO	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the	on is required to obtain or r 1.14. This collection is est depending upon the indive e Chief Information Office COMPLETED FORMS TO	imated to take 12 m ridual case. Any cor	ninutes to complete nments on the americal	e, including ount of time	gathering, preparing, and e you require to complete

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